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Company:

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Brian J Sines, Examiner

USPTO

+1,571,273,8300

Art Unii 1743

Barry M. Shuman/Wei-Ning Yang From:

For internal purposes only:

Client number: 81841.0155

June 28, 2006 Date:

Attorney billing number:

Time:

Confirmation number: Return Fax to Diane Zynn

Total number of pages incl. cover page:

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MESSAGE:

RE: U.S. Patent Application Serial No.: 09/915,865, Our Ref. 81841.0155 I hereby certify that the following documents:

- Request for Continued Examination (RCE)
- . Amendment Under 37 C.F.R. 1.114
- . Amendment Transmittal
- Petition for Extension of Time (2 months)

are being facsimile transmitted to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 2231 1-1450, for filing in the above application.

June <u>28, 2006</u>

+213 337 6701

T-219 P.004/014

FORM PTO-1083

11:03

Patent Application No. 09/915,865 Attorney Docket No. 2009-174 (81841.0155)

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

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In re application of:

Art Unit:

1743

(571)273-8300:

P.O. Box 1450

June 28, 2006

Diane Zynn

Name

\$ighature

Date of Deposit

Commissioner for Patents

Alexandria, VA 22313-1450 on

JUN 2 8 2006

06/28/06

Date

Richard R Sharpe, Jr. et al.

Examiner:

Brian J. Sines

I hereby certify that this correspondence is being transmitted via facsimile to

Serial No: 09/915,865

Filed: July 26, 2001

ME THOO AND APPARATUS FOR OBJECT-

ORIENTED REAL-TIME MECHANICAL CONTROL OF

AU COMATED CHEMISTRY INSTRUMENTS

Mail Stop RCE

Commissioner for Patents

P.O. Box 1450

Alexandri..., VA 22313-1450

Dear Sir:

Transmitted herewith is an amendment in the above-identified application.

No additional fee is required.

The fee has been calculated as shown below:

	(Col. 1) CLAIMS REMAINING AFTER AMENDMENT		(Col. 2) Highest Number Previously Paid For		(Col. 3) PRESENT EXTRA*	LG/SM \$ ENTITY FE	LG/SM \$ ENTITY FEE		ADD'L FEE DUÉ	
TOTAL C: AIMS FEE	7	1-1	26	7.	ťı	LG=\$50 s	\$0	\$	D	
INDEP: NDENT	1	1.1	4	284	D	LG=\$200 SM=\$100	\$0	\$	٥	
	OF MULTIPLE DEPENDEN	T CLAIN	ıs		LAI SM	RGE ENTITY FEE = \$ IALL ENTITY FEE = \$	5360 5180	\$	0	
ADDITIONAL SIZE FEE (IF ANY) (TOTAL PAGES OF SPEC AND DRAWINGS TOGETHER) \$250 FOR EACH ADDITIONAL 50 SHEETS								\$	٥	
Indepondent Claims:						70	TAL	\$	0	

If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space. The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box on Col. 1 of a prior amendment or the number of claims originally filled.

Placase charge the fee of \$_ for the additional claim fees to Deposit Account No. 50-1314. A copy of this sheet is enclosed.

Pluase charge the fee of \$450 for the 2-month extension of time to Deposit Account No. 50-1314. A copy \boxtimes of this sheet is enclosed.

The Commissioner is hereby authorized to charge any deficiencies of fees associated with this 冈 communication or credit any overpayment to Deposit Account No. 50-1314. A copy of this sheet is enclosed.

Any filing fees under 37 C.F.R. § 1.16 for the presentation of extra claims

Any patent application processing fees under 37 C.F.R. § 1.17

Respectfully submitted,

HOGAN & HARTSON LL

uman Wei-Ning Yang (Contact Person)

Registration No. 38,690 Attorney for Applicant(s)

Barry M. Shuman Registration No. 50,220

Telephone: 213 337-6700 Facsimile: 213 337-6701

Los Angoles, California 90071

500 South Grand Avenue, Suite 1900

Date: June 28, 2006

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T-219 P.005/014 F-889

08/28/06

Date

FORM PTC-1083

Patent Application No. 09/915,865 Attorney Docket No. 2009-174 (81841.0155)

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

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I hereby certify that this correspondence

Serial No: 09/915,865

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METHOD AND APPARATUS FOR OBJECT-

ORIENTED REAL-TIME MECHANICAL CONTROL OF

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		(Col. 1) CLAIMS REMAINING AFTER AMENDMENT		(Col. 2) HIGHEST NUMBER PRÉVIOUSLY PAID FOR		(Col. 3) PRESENT EXTRA*		LG/SM \$ ENYITY FEE		ADD'L FEE DUE	
TOTAL CI	AIMS FEE	7	1-1	28		۵	LG=\$50 SM=\$25	\$0	\$	0	
INDEPL		1	-	4	***	0	LG=\$200 SM=\$100	\$0	\$	٥	
		OF MULTIPLE DEPENDEN	T CLAIM	S			RGE ENTITY FEE		\$	0	
ADDITION	AL SIZE FEE	(IF ANY) (TOTAL PAGES OF	F SPEC	AND DRAWINGS TOG	ETHER)	\$250 FOR EACH SHEETS	ADDITIONAL 50		\$	۵	
Independu	nt Claims: 1			<u> </u>			т	OTAL	\$	¢	

If the untry in Col. 1 is tess than the entry in Col. 2, write "0" in Col. 3.

If the Highest Number Previously Paid For IN THIS SPACE is less than 20, write "20" in this space.

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- Please charge the fee of \$_ for the additional claim fees to Deposit Account No. 50-1314. A copy of this \Box sheet is enclosed.
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Date: June 28, 2006

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